

# **\* RETURN TO HILLCREST \***

## **SAINT PAUL DIVISION OF PARKS AND RECREATION S'MORE FUN PROGRAM**

### **2010 REGISTRATION CHECK OFF**

Child's Name \_\_\_\_\_

\_\_\_\_\_ \$35.00/per child non-refundable registration fee  
\* To be checked off by staff \*

\_\_\_\_\_ Registration Form

\_\_\_\_\_ Emergency Information Form

\_\_\_\_\_ Emergency field trip Information Card

\_\_\_\_\_ Release Form

\_\_\_\_\_ Credit Card Authorization Form

\_\_\_\_\_ Fee Contract, duplicate sent home

\_\_\_\_\_ First week's tuition, \$150.00 a week and/or \$32.00 a day  
\* To be checked off by staff \*

\_\_\_\_\_ Medication Permission Forms (if needed)

\_\_\_\_\_ Parent Handbook

**SAINT PAUL PARKS AND RECREATION  
2010 HILLCREST S'MORE FUN PROGRAM  
REGISTRATION FORM  
(PLEASE PRINT CLEARLY)**

A \$35.00 non-refundable registration fee per child must accompany this application.

CHILD'S NAME \_\_\_\_\_ NICKNAME \_\_\_\_\_ School \_\_\_\_\_

ADDRESS \_\_\_\_\_ Zip \_\_\_\_\_

AGE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ SEX: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

CHILD RESIDES WITH: ☐ Both Parents ☐ Mother ☐ Father  
☐ Stepfather ☐ Stepmother ☐ Guardian

MOTHER/GUARDIAN'S NAME \_\_\_\_\_

STEPFATHER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

**E-MAIL ADDRESS** \_\_\_\_\_

HOME PHONE (    ) \_\_\_\_\_ CELL Phone (    ) \_\_\_\_\_

BUSINESS NAME (    ) \_\_\_\_\_ BUSINESS ADDRESS \_\_\_\_\_

FATHER/GUARDIAN'S NAME \_\_\_\_\_

STEPMOTHER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

**E-MAIL ADDRESS** \_\_\_\_\_

HOME PHONE (    ) \_\_\_\_\_ CELL PHONE (    ) \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_ BUSINESS PHONE (    ) \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

**PERSONS AUTHORIZED TO PICK YOUR CHILD UP FROM S'MORE FUN.  
PHOTO I.D. IS REQUIRED BY THE STAFF PRIOR TO RELEASING YOUR CHILD**

NAME	ADDRESS	PHONE
_____	_____	(    ) _____
_____	_____	(    ) _____
_____	_____	(    ) _____

List any present condition that might result in an emergency and correct plan of action:

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List any special needs of your child (IE. disabilities, allergies, etc):

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(You may be contacted by the Divisions Adaptive Recreation Staff to learn more about your child and to determine the support, if any, that your child may need. We ask for at least two weeks notice for accommodation requests. In Some cases, accommodations may take longer than two weeks.)

Language, other than English, your child speaks or understands:

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Special interests and favorite activities of your child:

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Particular behavior difficulties or potential problems or disabilities staff should be aware of:

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Additional information that would help staff gets acquainted with your child:

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List names and ages of brothers, sisters, stepbrothers, stepsisters:

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In relation to your child, what are your expectations of S'MORE FUN?

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SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**SAINT PAUL PARKS AND RECREATION  
2010 HILLCREST S'MORE FUN PROGRAM  
EMERGENCY INFORMATION FORM**

Child's Name \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_ Birth date \_\_\_\_\_

Mother's Name \_\_\_\_\_

Business Phone (     ) \_\_\_\_\_ Ext. \_\_\_\_\_ Cell Phone (     ) \_\_\_\_\_

Father's Name \_\_\_\_\_

Business Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Cell Phone (     ) \_\_\_\_\_

Parent/Guardian to contact in case of an emergency:

\_\_\_\_\_

**If my child becomes ill and I cannot be reached, please call:**

1. Name \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

3. Name \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Name of Doctor/Clinic: \_\_\_\_\_

Address \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Medical Insurance Company and Policy Number for ten weeks, with on unpaid vacation week allowed. Part time status is defined as follows: Three or more days a week for ten weeks, with one unpaid vacation week allowed.

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

# **S'more Fun 2010 Field Trip EMERGENCY INFORMATION CARD**

Child's Name \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_ Birth date \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone (     ) \_\_\_\_\_

Business Name \_\_\_\_\_ Business Phone (     ) \_\_\_\_\_ Ext. \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone (     ) \_\_\_\_\_

Business Name \_\_\_\_\_ Business Phone (     ) \_\_\_\_\_ Ext. \_\_\_\_\_

## **Other than Parent/Guardian to contact in case of an emergency:**

Name \_\_\_\_\_ Home Phone (     ) \_\_\_\_\_

Cell Phone (     ) \_\_\_\_\_ Business Phone \_\_\_\_\_ Ext \_\_\_\_\_

Name \_\_\_\_\_ Home Phone (     ) \_\_\_\_\_

Cell Phone (     ) \_\_\_\_\_ Business Phone \_\_\_\_\_ Ext \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SAINT PAUL PARKS AND RECREATION  
2010 HILLCREST S'MORE FUN PROGRAM**

**RELEASES**

**CHILD'S NAME** \_\_\_\_\_

**PROGRAM**

I agree to abide by the terms and conditions of the City of Saint Paul Parks and Recreation S'MORE FUN Program policies, of which I have received a copy, governing the enrollment of my child.

Signature\_\_\_\_\_ Date\_\_\_\_\_

**FIELD TRIPS**

I agree to permit my child to participate in the field trips sponsored by the S'MORE FUN Program.  
Trips planned will be posted.

Signature\_\_\_\_\_ Date\_\_\_\_\_

**MEDICAL EMERGENCIES**

In the case of a life-threatening emergency involving my child, I authorize the S'MORE FUN program to use the Paramedics to transport my child to the hospital emergency room. The child will be transported at the expense of the parent.

Signature\_\_\_\_\_ Date\_\_\_\_\_

**ACCIDENTAL POISONING**

In the event of accidental poison ingestion, I understand that the S'MORE FUN staff will contact the Poison Control Center

Signature\_\_\_\_\_ Date\_\_\_\_\_

**SUN SCREEN**

My child has permission to apply sun screen. Staff has permission to apply sun screen to my child.

Signature\_\_\_\_\_ Date\_\_\_\_\_

**ANECDOTES AND PICTURES**

I grant permission to the S'MORE FUN Program to use my child's name, pictures and anecdotes for the purpose of educating the public to the services available.

Signature\_\_\_\_\_ Date\_\_\_\_\_

DIVISION OF PARKS AND RECREATION  
RECREATION SERVICES



CITY OF SAINT PAUL  
Mayor Christopher B. Coleman

300 City Hall Annex  
25 West Fourth Street  
Saint Paul, Minnesota 55102  
[www.ci.stpaul.mn.us/depts/parks](http://www.ci.stpaul.mn.us/depts/parks)

Telephone: 651-266-6400  
Facsimile: 651-292-7405  
TTY: 651-266-6378

I give my permission to City of Saint Paul Parks and Recreation to use my Visa / MasterCard / Discover / American Express (circle one) to make payments associated with my child's (or children's) participation in the City of Saint Paul's S'more Fun Childcare Program as listed below:

Child/Children: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The City of Saint Paul has contracted with ReserveMaster Corporation to process Credit Card transactions and securely store credit card information. Please charge my card, as provided and stored in the ReserveMaster Automated Payment Program, ending in the four digits \_\_ \_\_ \_\_ \_\_, automatically each payment cycle (as scheduled and agreed upon at the time of registration) for S'more Fun Childcare Program costs. I understand that my credit card information will be stored for this purpose. The City of Saint Paul will provide a receipt for all amounts charged.

This Authorization is in effect for the time period listed below:

Session dates: \_\_\_\_\_

This agreement can only be terminated by written request by the Credit Card holder.

Printed Name on Credit Card: \_\_\_\_\_ Signature: \_\_\_\_\_



CAPRA Accreditation

AA-ADA-EEO Employer



National Gold Medal Award

# PARENTS FEE CONTRACT

Child's Name \_\_\_\_\_ Registration Fee: (paid) \_\_\_\_\_ (receipt#) \_\_\_\_\_

**\*Please circle all of the days you child will be attending, staff will fill in all other information\***

**DATES/TIMES:** Hillcrest S'more Fun program begins Wednesday June 16 and ends on Friday August 27.

Week	Dates	Days	Due Date	Cost	Paid	Cash Credit Card	Receipt #
1	June 16- 18	W T H F					
2	June 21 – 25	M T W T H F					
3	June 28-July - 2	M T W T H F					
4	July 6-9	T W T H F					
5	July 12-16	M T W T H F					
6	July 19-23	M T W T H F					
7	July 26-30	M T W T H F					
8	August 2-6	M T W T H F					
9	August 9-13	M T W T H F					
10	August 16-20	M T W T H F					
11	August 23-27	M T W T H F					



**S'more Fun will be closed Monday July 5<sup>th</sup>. S'more fun opens at 7:00 AM and closes at 6:00 PM.**

**ENROLLMENT STATUS:** Full time status is defined as follows: Five days a week for ten weeks, with one unpaid vacation week allowed. Part time status is defined as follows: Three or more days a week for ten weeks, with one unpaid vacation week allowed.

**FEE PAYMENT POLICIES:** The cost is \$150.00 a week and/or \$32.00 a day. Any bank service charge for returned checks will be charged to the parent. Multiple child discount (Full time status only): 1<sup>st</sup> child \$150.00/week, 2<sup>nd</sup> child \$145/week, 3rd child \$135/week.

**Tuition is due on the first day of the week that your child attends the program. For example, if your child attends the program Monday-Friday, your tuition is due on Monday. If your child attends the program Wednesday-Friday your tuition is due on Wednesday. A \$10.00 charge will be added to your fees if tuition is late.**

**If your child is absent from the program, our budget demands that we must still collect a fee for that day. This includes sick and impromptu vacation days.**

**Field trip payments are due on the day of the field trip. A \$10.00 charge will be added to you fees if the payment is late. If your child is absent from the program, on a field trip day, our budget demands that we must still collect the field trip payment.**

**S'more Fun closes at 6:00 PM. If your child has not been picked up by then, a late fee of \$10.00 will be charged for every five minutes past closing time. For example, if your child is picked up at 6:09 PM., you will be charged a \$20.00 late fee. A child will not be allowed to return to the program until the fee is paid. \* THIS WILL BE ENFORCED\***

**ADVANCE NOTICE FOR VACATION AND ATTENDANCE CHANGES:** Parents may remove their child from the program for up to one week and not be charged a fee, providing a two week advance notice is given.

**AGREEMENT:** I have read the S'more Fun parent handbook, and I agree to pay all of my child's tuition

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



**St. Paul Division of Parks and Recreation Medication Authorization for Administration**  
(Long-term Programs)

The following authorization form must be completed by Parent/Guardian AND signed by a physician or licensed prescriber for all long-term programs (ten days or longer) offered by the St. Paul Division of Parks and Recreation in which medication may need to be administered during the time of the activity.

Name of Participant \_\_\_\_\_

Birth date \_\_\_\_\_

Program enrolled in \_\_\_\_\_

Dates of Program \_\_\_\_\_

Name of Physician/Licensed Prescriber \_\_\_\_\_

Clinic Address \_\_\_\_\_

Clinic Phone \_\_\_\_\_

Medical Condition	Medication	Strength	Dose	Time	Route*	Possible Side Effects

***Medications include all prescription as well as non-prescription/over-the-counter medications***

Other Considerations/Directions \_\_\_\_\_

Start Date \_\_\_\_\_ Stop Date \_\_\_\_\_ \*Route = oral, topical or inhaled

\_\_\_\_\_  
Physician's/Licensed Prescriber's Signature

\_\_\_\_\_  
Parent/Guardian Authorization

1. I request that the above medication(s) be given during program hours as ordered by the participant's physician/licensed prescriber.
2. I release St. Paul Parks and Recreation personnel from liability in the event adverse reactions result from the above-named participant taking their medication(s).
3. I give permission for the Program Coordinator to consult with the above named physician /licensed prescriber regarding any questions that arise with regard to the listed medication(s) or medical condition(s) being treated by the medication(s).
4. I give permission for the medication(s) to be given by the staff designated by St. Paul Parks and Recreation for medication and health related concerns during the length of this program.
5. I will notify St. Paul Park and Recreation staff of any change in the medication(s), (ex: dosage change, medication is discontinued, etc.)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Relationship to Participant

Note: Medication is to be supplied in the original/prescription bottle. Non-prescription/Over-the-Counter Medication must be sent in the original container which has an identifiable label.  
AA-ADA-EEO Employer

**St. Paul Division of Parks and Recreation Medication Authorization for Administration**  
**(Short-term Programs)**

The following authorization form must be completed by Parent/Guardian for all short-term programs offered by the St. Paul Division of Parks and Recreation in which medication may need to be administered during the time of activity. This includes field trips, day camp programs, overnight trips, etc.

Name of Participant \_\_\_\_\_ Birth date \_\_\_\_\_

Program enrolled in \_\_\_\_\_ Dates of Program \_\_\_\_\_

Name of Physician/Licensed Prescriber \_\_\_\_\_

Clinic Address \_\_\_\_\_ Clinic Phone \_\_\_\_\_

***Medications include all prescription as well as non-prescription/over-the-counter medications***

Medical Condition	Medication	Strength	Dose	Time	Route*	Possible Side Effects

Other Considerations/Directions \_\_\_\_\_

Start Date \_\_\_\_\_ Stop Date \_\_\_\_\_ \*Route = Oral, topical, or inhaled \_\_\_\_\_

Parent/Guardian Authorization

1. I request that the above medications(s) be given during program hours as ordered by the participant's physician/licensed prescriber.
2. I release St. Paul Parks and Recreation personnel from liability in the event adverse reactions result from the above-named participant taking their medication(s).
3. I give permission for the Program Coordinator to consult with the above named physician/licensed prescriber regarding any questions that arise with regard to the listed medication(s) or medical condition(s) being treated by the medication(s).
4. I give permission for the medication(s) to be given by the staff designated by St. Paul Parks and Recreation for medication and health related concerns during the length of this program.
5. I will notify St. Paul Park and Recreation staff of any change in the medication(s), (ex: dosage change, medication is discontinued, etc.)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Relationship to Participant

Note: Medication is to be supplied in the original/prescription bottle. Non-prescription/Over-the-Counter Medication must be sent in the original container which has an identifiable label.

AA-ADA-EEO Employer